**SPECIAL ASSISTANCE SECOND PARTY REVIEW FORM**

**APPLICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| Case Head Name: | Application Date: (mm/dd/yyyy) | Income Support Application (ISA) Number: | Income Support Case (ISC)  Number: |
| Worker Name: | Program: | Payment Authorization Period:  (mm/dd/yyyy) - (mm/dd/yyyy) | Certification Period:  (mm/dd/yyyy) - (mm/dd/yyyy) |
| Supervisor Name: | County: | Disposition Date: (mm/dd/yyyy) | Disposition:  Administrative Reopen  Approval  Denial  Withdrawal |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***INTAKE*** | ***Yes*** | ***No*** | ***N/A*** | ***COMMENTS*** |
| DMA-5095, Notice of Inquiry completed, signed & copy in file |  |  |  | Date: |
| DMA-5001, Notice on Use of SSN signed |  |  |  | Date: |
| Citizenship & Identity verified & documented in file per policy |  |  |  |  |
| N.C. State Residence verified |  |  |  |  |
| County of Residence verified |  |  |  |  |
| DMA-5094, Right to Apply Form signed |  |  |  | Date: |
| DMA-5052SA, Estate Recovery Form signed |  |  |  | Date: |
| DSS-6969, Consent for Release of Info signed |  |  |  |  |
| DSS-3431 Release of Financial Info signed |  |  |  |  |
| DMA-5202C, Auth Rep Form completed, signed & copy in file |  |  |  |  |
| DMA-5023, Bank Enrollment Form completed, signed and copy is in case file |  |  |  |  |
| Voter Registration Form completed, signed, sent to Board of Elections & copy in file |  |  |  |  |
| Retroactive Medicaid offered/documented & keyed |  |  |  |  |
| Were other health/supplement insurance(s) addressed appropriately & is there documentation in file |  |  |  | List other Health/Supplement Insurance(s): |
| Documentation in file confirming that FNS worker was notified of SA program approval |  |  |  |  |
|  |  |  |  |  |
| ***APPLICATION*** | ***YES*** | ***NO*** | ***N/A*** | ***COMMENTS*** |
| DAAS-8190, entirely complete, signed and copy in case file |  |  |  | Date: |
| DMA-5010, Referral for Inpatient Hospital/Intermediate Care Facilities, completed & copy in file |  |  |  | Date: |
| SA application keyed into NC FAST within 3 days |  |  |  | Date keyed: |
| Authorized rep info keyed into NC FAST |  |  |  |  |
| DMA-5049, Referral to SSA sent & copy in file |  |  |  |  |
| Facility contact documented appropriately in case file |  |  |  | Date: |
| Living Arrangement verified and entered in NC FAST correctly |  |  |  |  |
| SCU visit completed and documented in case file |  |  |  | Date of visit: |
| SAIH Program Interagency Transmittal requested |  |  |  | Received: |
| OLV/OVS/AVS completed |  |  |  | Date: |
| 1619(b) recipient |  |  |  |  |
| DMA-5097, Request for Information completed, sent to client/rep & copy is in file |  |  |  | Date: |
| 2nd DMA-5097, Request for Info completed, sent to client 12 calendar days after 1st DMA-5097 & copy in file |  |  |  | Date: |
| FL-2 is complete, valid & copy is in file |  |  |  | FL-2 signature date: |
| For SCU, FL-2 indicates a/b meets SCU diagnosis |  |  |  |  |
|  |  |  |  |  |
| ***INCOME*** | ***Yes*** | ***NO*** | ***N/A*** | ***COMMENTS*** |
| Unearned Income Benefits verified ~ SSI / SSA |  |  |  | Amount(s): |
| If income is below Federal Benefit Rate (FBR), is there a Special Review Code in NC FAST? If so, is the Special Review Code correct? |  |  |  | Reason Code: |
| If applicant is paying back an overpayment recoupment to SSA, was DAAS-3004, Request to SSA for Reduction of Recoupment &/or SAA 632BK, Request for Waiver of Overpayment completed, signed by applicant/rep & sent to SSA? Copy in file |  |  |  | Date sent to SSA: |
| Other Unearned Income documented & verified |  |  |  | Amount: |
| Earned Income documented & verified  DSS-8113, Wage Verification utilized & copy is in file |  |  |  | Amount: Source: |
|  |  |  |  |  |
| ***RESOURCES (if applicable)*** | ***YES*** | ***NO*** | ***N/A*** | ***COMMENTS*** |
| First Moment Date established correctly & documented |  |  |  | First Moment Date: |
| Countable resource total as of First Moment is correct |  |  |  | Resource Equity Value as of First Moment: |
| Asset Verification System (AVS) was requested for the appropriate time period |  |  |  |  |
| Register of Deeds/Real Property verified & in file |  |  |  |  |
| Is there a homesite? |  |  |  |  |
| Intent to Return Form completed & signed |  |  |  |  |
| All resources verified & documented in case file |  |  |  | Date: |
| All applicable resource exclusions applied |  |  |  | List all resources: |
| Loan on resources evaluated to determine equity value |  |  |  |  |
| ***TRANSFER OF RESOURCES / LOOKBACK*** | ***YES*** | ***NO*** | ***N/A*** | ***COMMENTS*** |
| Starting Point/Lookback Date established? |  |  |  |  |
| Lookback Date documented |  |  |  |  |
| Medicaid Passalong Evaluation completed |  |  |  | Lookback Date: |
| Transfer of Asset/Sanction verified, calculated and documented accurately in case file |  |  |  |  |
| Dates and amounts of identified transfers |  |  |  | Sanction Period: |
|  |  |  |  | Date(s): Each Transfer Amount: |
| ***APPLICATION COMPLETED / Approved*** | ***YES*** | ***NO*** | ***N/A*** | ***COMMENTS*** |
| Keyed – SA application activated in NC FAST |  |  |  |  |
| SA Facility Participant correct? |  |  |  | Date: |
| Is Partial SA payment correct? |  |  |  | Base Period:  Monthly Amount: |
| Ongoing SA / SAIH payment correct? |  |  |  | Amount: |
| Level of Care (LOC) Certification Start Date entered correctly in NC FAST |  |  |  | Facility Name: |
| Initial SA / SAIH Payment Authorization Period correct? |  |  |  | LOC Certification Start Date: |
| SA / SAIH Certification Period correct? |  |  |  | Payment Authorization Period: |
| Current bank routing & account numbers match current DMA-5023 & is displaying correctly in NC FAST |  |  |  | Certification Period: |
| DSS-8108/DMA-5002, Approval Notice completed correctly, sent to client/rep & copy in case file |  |  |  | Date on DMA 5023: |
| Are narratives/notes in file documenting actions taken on case and reason for approval? |  |  |  | Date of notice: |
| Were non-issued payments and/or cancelled payments resolved? |  |  |  |  |
| Benefit History is displaying correctly in NC FAST |  |  |  |  |
|  |  |  |  |  |
| ***APPLICATION COMPLETED / Denied*** | ***YES*** | ***NO*** | ***N/A*** | ***COMMENTS*** |
| Keyed – SA / SAIH application denied in NC FAST |  |  |  | Date: |
| Denial Reason documented accurately |  |  |  |  |
| DSS-8109, Notice of Denial, completed correctly, sent to client/rep & copy in case file |  |  |  | Date of notice: |
| Are narratives/notes in file documenting actions taken on case & reason for denial? |  |  |  |  |
| All other programs explained, offered, evaluated and documentation is included in case file |  |  |  |  |
|  |  |  |  |  |

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***Caseworker Signature Date Supervisor Signature Date***

**FOLLOW UP:**

Date case corrections must be completed by (if applicable): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

After all case corrections have been verified, final review was completed by: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Full Name and Title**

Date corrections, on all cited case errors, were completed: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**